

HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2016 OF THE CONDITION AND AFFAIRS OF THE

Sparrow PHP

NAIC	C Group Code 3408 3408	NAIC Company Co	ode <u>11537</u>	Employer's	s ID Number36-4497604
Organized under the Laws of	(Current) (Prior) Michigan		, State of Domic	cile or Port of	Entry Michigan
Country of Domicile		United States	of America		
Licensed as business type:		Health Maintenanc	ce Organization		
Is HMO Federally Qualified? Y	'es[] No[X]				
Incorporated/Organized	05/23/2002		Commenced	l Business	01/01/2003
Statutory Home Office	1400 East Michigan Aven (Street and Number)	nue ,		(City o	Lansing , MI, US 48912 or Town, State, Country and Zip Code)
Main Administrative Office		1400 East Michi	igan Avenue		
	Lansing, MI, US 48912	(Street and	Number)		517-364-8400
(City or 1	Town, State, Country and Zip Code)		-	(,	Area Code) (Telephone Number)
Mail Address	1400 East Michigan Avenue (Street and Number or P.O. Box)	,		(City o	Lansing , MI, US 48912 or Town, State, Country and Zip Code)
Primary Location of Books and	`	1400 East Mich	nigan Avenue	(Oity C	or rown, state, country and zip code,
· ·····a.y 200a.io.i oi 200ilo aiia		(Street and			
(City or 1	Lansing, MI, US 48912 Town, State, Country and Zip Code)		-	(4	517-364-8400 Area Code) (Telephone Number)
Internet Website Address		www.phpmich	higan.com		
Statutory Statement Contact	Erin Floo	od			517-364-8400
· · · · · · · · · · · · · · · · · · ·	(Name)		, <u> </u>		(Area Code) (Telephone Number)
	erin.flood@phpmm.org (E-mail Address)				517-364-8407 (FAX Number)
		OFFICI	ERS		
President & Secretary	Dennis J. Reese			Treasurer _	Kevin Essenmacher
Chief Financial Officer and Chief Operations Officer	George Schneider			_	
		ОТНЕ	ER		
		DIRECTORS OF	TRIISTEES		
Dennis J.	. Reese	James B			Gwen Hall
State of	Michigan				
County of	Ingham	SS:			
all of the herein described assistatement, together with related condition and affairs of the said in accordance with the NAIC A rules or regulations require di respectively. Furthermore, the	ets were the absolute property of the l exhibits, schedules and explanations reporting entity as of the reporting pe nual Statement Instructions and Acc fferences in reporting not related to scope of this attestation by the descri	said reporting entity, therein contained, and priod stated above, and counting Practices and a accounting practices ribed officers also inclu	free and clear to nexed or referred of its income at Procedures man and procedured udes the related	from any lien od to, is a full nd deduction anual except es, accordin I correspondi	porting entity, and that on the reporting period stated above, is or claims thereon, except as herein stated, and that this and true statement of all the assets and liabilities and of the is therefrom for the period ended, and have been completed to the extent that: (1) state law may differ; or, (2) that state g to the best of their information, knowledge and belief, ng electronic filing with the NAIC, when required, that is an may be requested by various regulators in lieu of or in addition
Dennis J. Ree President & Seci		George Sc f Financial Officer and	Chief Operation		Kevin Essenmacher Treasurer Tg?
Subscribed and sworn to before day of	e me this		b. If no, 1. State		nent number

3. Number of pages attached......

ASSETS

			Current Statement Date		4
		1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	December 31 Prior Year Net Admitted Assets
1.	Pondo	7100010	Trondamitod 7 toodto	0	714
	Bonds			0	
2.	Stocks:				
	2.1 Preferred stocks				
	2.2 Common stocks	6, 107, 433	0	6, 107,433	5,732,005
3.	Mortgage loans on real estate:				
	3.1 First liens			0	
	3.2 Other than first liens.			0	
4.	Real estate:				
٦.					
	4.1 Properties occupied by the company (less \$				
	encumbrances)			0	
	4.2 Properties held for the production of income (less				
	\$ encumbrances)			0	
	4.3 Properties held for sale (less \$				
	encumbrances)			0	
_	·				
5.	Cash (\$18,043), cash equivalents				
	(\$) and short-term				
	investments (\$6,788,569)	6,806,612		6,806,612	14,085,818
6.	Contract loans (including \$ premium notes)			0	
7.	Derivatives			0	
8.	Other invested assets				
•					
9.	Receivables for securities				0
10.	Securities lending reinvested collateral assets				
11.	Aggregate write-ins for invested assets	0	0	0	0
12.	Subtotals, cash and invested assets (Lines 1 to 11)	12,914,045	0	12,914,045	19,817,823
13.	Title plants less \$ charged off (for Title insurers				
	only)			0	
	27				
14.	Investment income due and accrued	390	0	596	441
15.	Premiums and considerations:				
	15.1 Uncollected premiums and agents' balances in the course of collection			0	98,750
	15.2 Deferred premiums, agents' balances and installments booked but				
	deferred and not yet due (including \$				
	earned but unbilled premiums)			0	
	15.3 Accrued retrospective premiums (\$			-	
				0	
	contracts subject to redetermination (\$			0	
16.	Reinsurance:				
	16.1 Amounts recoverable from reinsurers			0	59,341
	16.2 Funds held by or deposited with reinsured companies			0	
	16.3 Other amounts receivable under reinsurance contracts			0	
17.	Amounts receivable relating to uninsured plans			0	
18.1	Current federal and foreign income tax recoverable and interest thereon			0	
18.2	Net deferred tax asset			0	
19.	Guaranty funds receivable or on deposit			0	
20.	Electronic data processing equipment and software			0	
21.	Furniture and equipment, including health care delivery assets				
	(\$)			0	
22.	Net adjustment in assets and liabilities due to foreign exchange rates			0	
23.	Receivables from parent, subsidiaries and affiliates		0	2,850	913,289
	Health care (\$		199,707	· ·	3,739,422
24.					
25.	Aggregate write-ins for other than invested assets	0	0	0	0
26.	Total assets excluding Separate Accounts, Segregated Accounts and	10 117 100	100 707	10 017 101	04 000 000
	Protected Cell Accounts (Lines 12 to 25)	13, 117, 198	199,707	12,917,491	24,629,066
27.	From Separate Accounts, Segregated Accounts and Protected Cell			0	
		40 447 400	400.707	0	04 000 000
28.	Total (Lines 26 and 27)	13, 117, 198	199,707	12,917,491	24,629,066
	DETAILS OF WRITE-INS				
1101.				0	
1102.				0	
1103.				0	
1198.	Summary of remaining write-ins for Line 11 from overflow page		0	0	0
1199.	Totals (Lines 1101 through 1103 plus 1198)(Line 11 above)	0	0	0	0
2501.	PREPAIDS	0	0	0	0
2502.				0	
2503.				0	
	Summary of remaining write-ins for Line 25 from overflow page		0	0	Λ
2598.					0
2599.	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	0	0	0	0

LIABILITIES, CAPITAL AND SURPLUS

Į.			Current Period		Prior Year
í		1	2	3	4
		Covered	Uncovered	Total	Total
1.	Claims unpaid (less \$ reinsurance ceded)	166,999	13, 184	180 , 183	6,599,191
2.	Accrued medical incentive pool and bonus amounts	258		258	907,280
3.	Unpaid claims adjustment expenses	2,812		2,812	119,544
4.	Aggregate health policy reserves, including the liability of				
1	\$0 for medical loss ratio rebate per the Public				
1	Health Service Act			0	
5.	Aggregate life policy reserves			0	
6.	Property/casualty unearned premium reserve				
7.	Aggregate health claim reserves			0	
8.	Premiums received in advance				
_	General expenses due or accrued				5,475,474
	Current federal and foreign income tax payable and interest thereon			512,000	, 110, 11
10.1	- ' '			0	
400	(including \$ on realized gains (losses))				
	Net deferred tax liability				
	Ceded reinsurance premiums payable				21,086
	Amounts withheld or retained for the account of others				
	Remittances and items not allocated	<u>.</u>		0	
14.	Borrowed money (including \$ current) and				
1	interest thereon \$ (including				
1	\$ current)				
15.	Amounts due to parent, subsidiaries and affiliates			0	484 , 727
16.	Derivatives			0	
17.	Payable for securities			0	0
18.	Payable for securities lending			0	
19.	Funds held under reinsurance treaties (with \$				
1	authorized reinsurers, \$ unauthorized				
1	reinsurers and \$ certified reinsurers)			0	
20.	Reinsurance in unauthorized and certified (\$				
	companies			0	
21.	Net adjustments in assets and liabilities due to foreign exchange rates				
	Liability for amounts held under uninsured plans				
	Aggregate write-ins for other liabilities (including \$				
	current)	0	0	0	0
			13,184		0
	Total liabilities (Lines 1 to 23)				_
	Aggregate write-ins for special surplus funds				0
	Common capital stock				
	Preferred capital stock				
	Gross paid in and contributed surplus				
	Surplus notes				
30.	Aggregate write-ins for other than special surplus funds				0
31.	Unassigned funds (surplus)	XXX	XXX	11,891,672	11,021,765
32.	Less treasury stock, at cost:				
	32.1 shares common (value included in Line 26				
1	\$	XXX	XXX		
1	32.2 shares preferred (value included in Line 27				
1	\$	XXX	XXX		
33.	Total capital and surplus (Lines 25 to 31 minus Line 32)				11,021,765
	Total liabilities, capital and surplus (Lines 24 and 33)	XXX	XXX	12,917,491	24,629,066
	DETAILS OF WRITE-INS			, ,	, ,
2302.					
2302.					
	Summary of remaining write-ins for Line 23 from overflow page			0	0
	Totals (Lines 2301 through 2303 plus 2398)(Line 23 above)	0	0	0	0
			XXX		
2502.					
2503.					
	Summary of remaining write-ins for Line 25 from overflow page	XXX	XXX		0
	Totals (Lines 2501 through 2503 plus 2598)(Line 25 above)	XXX	XXX	0	0
3001.		XXX	XXX		
3002.		xxx	XXX		
1 .		XXX	XXX		
3003.					_
	Summary of remaining write-ins for Line 30 from overflow page	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

		Current Year To Date		Prior Year To Date	Prior Year Ended December 31
		1 Uncovered	2 Total	3 Total	4 Total
1.	Member Months	XXX		194,673	257,586
2.	Net premium income (including \$ non-health				
	premium income)				
3.	Change in unearned premium reserves and reserve for rate credits				
4.	Fee-for-service (net of \$ medical expenses)	XXX			
5.	Risk revenue				
6.	Aggregate write-ins for other health care related revenues				0
7.	Aggregate write-ins for other non-health revenues				
8.	Total revenues (Lines 2 to 7)	XXX	1,048,240	66,853,089	88,869,951
_	Hospital and Medical:		0.47 505	05 054 000	47 704 044
9.	Hospital/medical benefits				47,764,014
10.	Other professional services				3,714,316
11.	Outside referrals Emergency room and out-of-area				8.121.266
12.	Prescription drugs				
13.	Aggregate write-ins for other hospital and medical				0
14. 15.	Incentive pool, withhold adjustments and bonus amounts			516,269	
16.	Subtotal (Lines 9 to 15)			,	74,977,715
10.	Less:		100,040		
17.	Net reinsurance recoveries			247 603	208 N/1
18.	Total hospital and medical (Lines 16 minus 17)			*	· · · · · · · · · · · · · · · · · · ·
19.	Non-health claims (net)				
20.	Claims adjustment expenses, including \$0 cost				
	containment expenses			2 334 177	3 243 171
21.	General administrative expenses				
22.	Increase in reserves for life and accident and health contracts				
	(including \$ increase in reserves for life only)				
23.	Total underwriting deductions (Lines 18 through 22)				
24.	Net underwriting gain or (loss) (Lines 8 minus 23)				(551,408)
25.	Net investment income earned			38,432	415,700
26.	Net realized capital gains (losses) less capital gains tax of				
	\$		9,234	10 , 152	29,726
27.	Net investment gains (losses) (Lines 25 plus 26)	0	55 , 143	48,584	445,426
28.	Net gain or (loss) from agents' or premium balances charged off [(amount				
	recovered \$)				
	(amount charged off \$)])]				
29.	Aggregate write-ins for other income or expenses	0	0	0	3,000,000
30.	Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29)	VVV	707 260	643,721	2,894,018
04			707,209	043,721	2,894,018
31. 32.	Net income (loss) (Lines 30 minus 31)	XXX	707,269	643,721	2,894,018
32.	DETAILS OF WRITE-INS		707,203	040,721	2,004,010
0601.		XXX			
0602.					
0603.		XXX			
0698.	, ,	XXX		0	0
0699.	Totals (Lines 0601 through 0603 plus 0698)(Line 6 above)	XXX	0	U	U
0701.		XXX			
0702.		XXX			
0703.					
0798.	Summary of remaining write-ins for Line 7 from overflow page		0	0	0
0799.	Totals (Lines 0701 through 0703 plus 0798)(Line 7 above)	XXX	0	0	0
1401.					
1402.					
1403					
1498.	Summary of remaining write-ins for Line 14 from overflow page			0	0
1499.	Totals (Lines 1401 through 1403 plus 1498)(Line 14 above)	0	0	0	0
2901.	Sale of Membership				3,000,000
2902.					
2903					
2998.	Summary of remaining write-ins for Line 29 from overflow page	0	0	0	0
2999.	Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	0	0	0	3,000,000

STATEMENT OF REVENUE AND EXPENSES (Continued)

1	STATEMENT OF REVENUE AND EX	PENSES (C	ontinued	,
		Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
	CAPITAL AND SURPLUS ACCOUNT			
33.	Capital and surplus prior reporting year	11,021,765	8,494,340	8,494,340
34.	Net income or (loss) from Line 32	707,269	643,721	2,894,018
35.	Change in valuation basis of aggregate policy and claim reserves			
36.	Change in net unrealized capital gains (losses) less capital gains tax of \$	322,109	(258, 188)	(496,465)
37.	Change in net unrealized foreign exchange capital gain or (loss)			
38.	Change in net deferred income tax			
39.	Change in nonadmitted assets	(159,470)	(17,752)	129,872
40	Change in unauthorized and certified reinsurance	0		
41.	Change in treasury stock	0		
42.	Change in surplus notes	0		
43.	Cumulative effect of changes in accounting principles.			
44.	Capital Changes:			
	44.1 Paid in	0		
	44.2 Transferred from surplus (Stock Dividend)	0		
	44.3 Transferred to surplus			
45.	Surplus adjustments:			
	45.1 Paid in	0		
	45.2 Transferred to capital (Stock Dividend)			
	45.3 Transferred from capital			
46.	Dividends to stockholders			
47.	Aggregate write-ins for gains or (losses) in surplus	0	0	0
48.	Net change in capital & surplus (Lines 34 to 47)	869,907	367,780	2,527,426
49.	Capital and surplus end of reporting period (Line 33 plus 48)	11,891,673	8,862,120	11,021,765
	DETAILS OF WRITE-INS			
4701.				
4702.				
4703.				
4798.	Summary of remaining write-ins for Line 47 from overflow page	0	0	0
4799.	Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	0	0

CASH FLOW

	CASH FLOW			
		1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
	Cash from Operations			
1.	Premiums collected net of reinsurance	1,125,904	66,773,466	88,882,818
2.	Net investment income	45,754	38,287	415,259
3.	Miscellaneous income	3,245,831	893,720	(3, 109, 132)
4.	Total (Lines 1 to 3)	4,417,489	67,705,473	86,188,945
5.	Benefit and loss related payments	7,037,915	56,967,244	74,710,271
6.	Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts			
7.	Commissions, expenses paid and aggregate write-ins for deductions	5,040,407	9,755,289	9,767,275
8.	Dividends paid to policyholders			
9.	Federal and foreign income taxes paid (recovered) net of \$ tax on capital			
	gains (losses)	0	0	0
10.	Total (Lines 5 through 9)	12,078,322	66,722,533	84,477,546
11.	Net cash from operations (Line 4 minus Line 10)	(7,660,833)	982,939	1,711,399
	Cash from Investments			
12.	Proceeds from investments sold, matured or repaid:			
	12.1 Bonds	(9, 169)	149,393	0
	12.2 Stocks	142,935	0	269,093
	12.3 Mortgage loans	0	0	0
		0	0	0
	12.5 Other invested assets	0	0	0
	12.6 Net gains or (losses) on cash, cash equivalents and short-term investments	0	0	0
	12.7 Miscellaneous proceeds	0	126,530	126,530
	12.8 Total investment proceeds (Lines 12.1 to 12.7)	133,766	275,923	395,623
13.	Cost of investments acquired (long-term only):	,	,	
		(56,366)	195.221	0
		234,217		
	13.3 Mortgage loans	, ,	0	, , ,
	13.4 Real estate	0	0	0
	13.5 Other invested assets	0	0	0
	13.6 Miscellaneous applications	0	126,401	126,401
	13.7 Total investments acquired (Lines 13.1 to 13.6)	177,851	321,622	821,500
14.	Net increase (or decrease) in contract loans and premium notes	0	0	0
15.	Net cash from investments (Line 12.8 minus Line 13.7 and Line 14)	(44,085)	(45,699)	(425,877)
	Cash from Financing and Miscellaneous Sources			
16.	Cash provided (applied):			
	16.1 Surplus notes, capital notes	0	0	0
	16.2 Capital and paid in surplus, less treasury stock			0
	16.3 Borrowed funds		0	0
	16.4 Net deposits on deposit-type contracts and other insurance liabilities		0	0
	16.5 Dividends to stockholders		0	0
	16.6 Other cash provided (applied)	425,712	1,184,379	(1,233,130)
17.	Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6)	425,712	1,184,379	(1,233,130)
	DECONCILIATION OF CACH, CACH FOUNTALENTS AND SUIGHT TERM INVESTMENTS			
10	RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS Not change in each cash equivalents and short term investments (Line 11, plus Lines 15 and 17)	(7,279,205)	2,121,619	52,392
18.	Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) Cash, cash equivalents and short-term investments:	(7,279,205)	2,121,619	
10				
19.		14,085,818	14,033,427	14,033,427

Note: Supplemental disclosures of cash flow information for non-cash transactions:		

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1	Comprehe (Hospital &	ensive Medical)	4	5	6	7	8	9	10
		2	3	Medicare	Vision	Dental	Federal Employees Health Benefit	Title XVIII	Title XIX	
	Total	Individual	Group	Supplement	Only	Only	Plan	Medicare	Medicaid	Other
Total Members at end of:										
1. Prior Year	21,584	703	0	0	0	0	0	0	20,881	
2. First Quarter	0	0	0	0	0	0	0	0	0	
3. Second Quarter	0	0	0	0	0	0	0	0	0	
4. Third Quarter	0									
5. Current Year	0									
6. Current Year Member Months	0									
Total Member Ambulatory Encounters for Period:										
7 Physician	240	2							238	
8. Non-Physician	17	0							17	
9. Total	257	2	0	0	0	0	0	0	255	
10. Hospital Patient Days Incurred	0									
11. Number of Inpatient Admissions	0									
12. Health Premiums Written (a)	1,048,240	0							1,048,240	
13. Life Premiums Direct										
14. Property/Casualty Premiums Written	0									
15. Health Premiums Earned	1,048,240	0							1,048,240	
16. Property/Casualty Premiums Earned	0									
17. Amount Paid for Provision of Health Care Services	7,239,432	65,617							7, 173,815	
18. Amount Incurred for Provision of Health Care Services	105,349	58,333							47,016	

⁽a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$

CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unp	aid Claims					
1	2	3	4	5	6	7
Account	1 - 30 Days	31 - 60 Days	61 - 90 Days	91 - 120 Days	Over 120 Days	Total
Claims Unpaid (Reported)						!
				0		0
0199999. Individually listed claims unpaid	0	0	0	0	0	0
						!
0299999 Aggregate accounts not individually listed-uncovered						0
0399999 Aggregate accounts not individually listed-covered	0	0	0	52,211	0	52,211
0499999 Subtotals	0	0	0	52,211	0	52,211
0599999 Unreported claims and other claim reserves						127,972
0699999 Total amounts withheld	·					
0799999 Total claims unpaid						180, 183
0899999 Accrued medical incentive pool and bonus amounts						258

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

ANAL 1313 OF CL	AIMS UNPAID - PRIOR YEAR - NET OF REINSL				_	
	Claims		Liab		5	6
	Year to		End of Curre	ent Quarter		
Line of Business	On Claims Incurred Prior to January 1 of Current Year	2 On Claims Incurred During the Year	3 On Claims Unpaid Dec. 31 of Prior Year	4 On Claims Incurred During the Year	Claims Incurred in Prior Years (Columns 1 + 3)	Estimated Claim Reserve and Claim Liability December 31 of Prior Year
		•				
Comprehensive (hospital and medical)	65,617	0	0	0	65,617	174,88
2. Medicare Supplement					0	
3. Dental Only					0	
4. Vision Only					0	
5. Federal Employees Health Benefits Plan					0	
6. Title XVIII - Medicare					0	
7 Title XIX - Medicaid	6,221,786	19,313	180 , 184	0	6,401,970	6,424,30
8. Other health					0	
9. Health subtotal (Lines 1 to 8)		19,313	180 , 184	0	6,467,586	6,599,19
10. Healthcare receivables (a)	142, 174	0	199,707	0	341,881	533,82
11. Other non-health					0	
12. Medical incentive pools and bonus amounts	932,716	0	258	0	932,974	907,28
13. Totals (Lines 9-10+11+12)	7,077,944	19,313	(19,265)	0	7,058,679	6,972,64

(a) Excludes \$ loans or advances to providers not yet expensed.

NOTES TO FINANCIAL STATEMENTS

NOTE 1

Summary of Significant Accounting Policies

1. Summary of Significant Accounting Policies

A.Accounting Practices

The financial statements of Sparrow PHP are presented on the basis of accounting practices prescribed or permitted by the Michigan Department of Insurance and Financial Services (DIFS). Effective December 31, 2015 Sparrow PHP sold 100 percent of membership to an unaffiliated health plan.

DIFS recognizes only statutory accounting practices prescribed or permitted by the state of Michigan for determining and reporting the financial condition and results of operations of an insurance company. The National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures Manual, (NAIC SAP) has been adopted as a component of prescribed or permitted practices by the state of Michigan.

A reconciliation of Sparrow PHP's net income and capital and surplus between NAIC SAP and practices prescribed and permitted by the state of Michigan is shown below:

NET IN	COME	State of Domicile	2016	2015
(1)	State basis (Page 4, Line 32, Columns 2 & 4)	MI	707,269	2,894,018
(2)	State Prescribed Practices that increase/(decrease) NAIC SAP			
(3)	State Permitted Practices that increase/(decrease) NAIC SAP			
(4)	NAIC SAP (1-2-3=4)	MI	707,269	2,894,018
SURPL	US			
(5)	State basis (Page 3, Line 33, Columns 3 & 4)	MI	11,891,672	11,021,765
(6)	State Prescribed Practices that increase/(decrease) NAIC SAP			
(7)	State Permitted Practices that increase/(decrease) NAIC SAP			
(8)	NAIC SAP (5-6-7=8)	MI	11,891,672	11,021,765

B. Use of Estimates

In preparing the financial statements in conformity with the NAIC Annual Statement Instructions and Accounting Practices and Procedures Manual, management makes estimates and assumptions that affect the reported amounts of assets and liabilities. It also requires disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the period. Actual results could differ from those estimates.

C. Accounting Policy

6.

- Short term investments are stated at amortized cost or at market value depending upon the respective investment.
- Not applicable
- Common stocks are stated at market value.
- Preferred stocks Not applicable
- Mortgage loans 5.
- Not applicable
 - Loan-backed securities Not applicable
- Investments in subsidiaries, controlled and affiliated companies Not applicable

Investments in joint ventures, partnerships and limited liability companies

Not applicable

- 9. Derivatives Not applicable
- 10. Premium deficiency reserves

Not applicable

- Estimating the liabilities for losses and loss/claim adjustment expenses: Estimates on unpaid losses are based upon the plan's past experience, individual case estimates and an estimate for losses incurred but not reported. Such liabilities are necessarily based on assumptions and estimates and while management believes the amount is adequate, the ultimate liability may be in excess of or less than the amount provided. The methods for making such estimates and for establishing the resulting liabilities are continually reviewed and any adjustments are reflected in the period determined. Loss/claim adjustment expenses related to claims are accrued based on estimates of expenses to process those
- 12 Sparrow PHP has not modified its capitalization from the prior period.

D. Going Concern - None

NOTE 2

Accounting Changes and Corrections of Errors

Not Applicable

NOTE 3 Business Combinations and Goodwill

Not Applicable

NOTE 4 Discontinued Operations

Not Applicable

NOTE 5 Investments

A. Mortgage Loans, including Mezzanine Real Estate Loans Not Applicable

B. Debt Restructuring Not Applicable

C. Reverse Mortgages Not Applicable

D. Loan-Backed Securities

Not Applicable

E. Repurchase Agreements and/or Securities Lending Transactions Not Applicable

F. Write-downs for Impairments of Real Estate and Retail Land Sales Not Applicable

G. Low Income Housing Tax Credits Not Applicable

H.Restricted Assets

Restricted Assets (Including Pledged)						
	1	2	3	4	5	6 Percentage Admitted
	Total Gross	Total Gross	Increase/	Total Current	Percentage	Restricted to
B	Restricted from	Restricted from	(Decrease)		Gross Restricted	
Restricted Asset Category	Current Year	Prior Year	(1 minus 2)	Restricted	to Total Assets	Assets
a.Subject to contractual obligation for which liability is not shown			0		0.000	0.000
b. Collateral held under security lending agreements			0		0.000	0.000
c. Subject to repurchase agreements			0		0.000	0.000
d.Subject to reverse repurchase agreements			0		0.000	0.000
e.Subject to dollar repurchase agreements			0		0.000	0.000
f.Subject to dollar reverse repurchase agreements			0		0.000	0.00
g.Placed under option contracts			0		0.000	0.00
h. Letter stock or securities restricted as to sale - excluding FHLB capital stock			0		0.000	0.00
i.FHLB capital stock			0			
j.On deposit with states	1,146,293	1,146,001	292	1,146,293	8.739	8.87
k.On deposit with other regulatory bodies			0			
I.Pledged collateral to FHLB (including assets backing funding agreements)			0		0.000	0.00
m.Pledged as collateral not captured in other categories						
n. Other restricted assets			0		0.000	0.000
o.Total Restricted Assets	1,146,293	1,146,001	292	1,146,293	8.739	8.874

- 2. Detail of Assets Pledged as Collateral Not Captured in Other Categories (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) Not Applicable
- 3. Detail of Other Restricted Assets (Contracts That Share Similar Characteristics, Such as Reinsurance and Derivatives, Are Reported in the Aggregate) Not Applicable
- I. Working Capital Finance Investments Not Applicable
- J. Offsetting and Netting of Assets and Liabilities Not Applicable

K. Structured Notes Not Applicable

NOTE 6 Joint Ventures, Partnerships and Limited Liability Companies

Not Applicable

NOTE 7

Investment Income

A. Accrued Investment Income

The Company does not admit investment income due and accrued if amounts are over 90 days past due.

B. Amounts Non-admitted

Not applicable.

NOTE 8 **Derivatives Instruments**

Not Applicable

NOTE 9

Income Taxes

Sparrow PHP is exempt from federal income taxes as an organization described under Section 501(c) (4) of the Internal Revenue Code

NOTE 10

Information Concerning Parent, Subsidiaries, Affiliates and Other Related Parties

No Significant Change

NOTE 11

Debt

Not Applicable

Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans

Not Applicable

NOTE 13

Capital and Surplus, Dividend Restrictions and Quasi-Reorganizations

NOTE 14 Liabilities, Contingencies and Assessments

Not Applicable

NOTE 15

Not Applicable

NOTE 16

Information about Financial Instruments with Off-Balance Sheet Risk and Financial Instruments with Concentrations of Credit Risk

Not Applicable

NOTE 17

Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities

Not Applicable

Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans

Not Applicable

NOTE 19

Direct Premium Written / Produced by Managing General Agents / Third Party Administrators

Not Applicable

NOTE 20

Fair Value Measurement

A. Inputs Used for Assets and Liabilities Measured and Reported at Fair Value

(1) Items Measured at Fair Value by Levels 1, 2 and 3

The Company has categorized its assets and liabilities that are reported on the balance sheet at fair value into the three-level fair value hierarchy as reflected in the table below. The three-level fair value hierarchy is based on the degree of subjectivity inherent in the valuation method by which fair value was determined. The three levels are defined as follows:

Level 1 - Quoted Prices in Active Markets for Identical Assets and Liabilities: This category, for items measured at fair value on a recurring basis, includes exchange-traded common stocks and mutual funds. The estimated fair value of the equity securities within this category are based on quoted prices in active markets and are therefore classified as Level 1.

Level 2 - Significant Other Observable Inputs: This category, for items measured at fair value on a recurring basis, includes bonds which are not exchange traded and common stock of a subsidiary which is valued using an adjusted market method. The estimated fair values of some of these bonds were determined by independent pricing services using observable inputs. Others were based on quotes from markets which were not considered actively traded. The Company has no Level 2 assets or liabilities.

Level 3 - Significant Unobservable Inputs: The Company has no Level 3 assets or liabilities.

Description for each class of asset or liability	(Level 1)	(Level 2)	(Level 3)	Total
a. Assets at fair value Mutual Funds Short-Term Investments	6,107,433 6,788,570			6,107,433 6,788,570
Total assets at fair value	12,896,003	0	0	12,896,003

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred between Levels 1 and 2. This policy also applies to transfers into or out of Level 3 as stated in paragraph 3 below.

No transfers between Levels 1 and 2 occurred during the current year.

(2) Roll forward of Level 3 Items

The Company has no assets or liabilities measured at fair value in the Level 3 category.

(3) Policy on Transfers Into and Out of Level 3

At the end of each reporting period, the Company evaluates whether or not any event has occurred or circumstances have changed that would cause an instrument to be transferred into or out of Level 3. During the current year, no transfers into or out of Level 3 were required.

(4) Inputs and Techniques Used for Level 2 and Level 3 Fair Values

The Company has no assets or liabilities measured at fair value in the Level 2 or 3 categories.

(5) Derivative Fair Values

Not Applicable

B. Other Fair Value Disclosures

Not Applicable

NOTE 21 Other Items

A. Extraordinary Items

Effective December 31, 2015 Sparrow PHP sold 100 percent of membership to an unaffiliated health plan.

B. Troubled Debt Restructuring for Debtors

Not Applicable

C. Other Disclosures

Not Applicable

D. Business Interruption Insurance Recoveries

Not Applicable

E. State Transferable and Non-Transferable Tax Credits

Not Applicable

F. Subprime Mortgage Related Risk Exposure

Not Applicable

G. Retained Assets

Not Applicable

Note 22

Events Subsequent

No Significant Change

Note 23

Reinsurance

No Significant Change

NOTE 24

Retrospectively Rated Contracts & Contracts Subject to Redetermination

A-C. The Company does not participate in traditional retrospectively rated contracts.

D. Medical loss ratio rebates required pursuant to the Public Health Service Act.

Not applicable

E. Risk Sharing Provisions of the Affordable Care Act

1)Did the reporting entity write accident and health insurance premium which is subject to the Affordable Care Act risk			
sharing provisions (YES/NO)?	Yes []	No[X]

(2) Impact of Risk Sharing Provisions of the Affordable Care Act on Admitted Assets, Liabilities and Revenue for the Current Year

AMOUNT

a.Permanent ACA Risk Adjustment Program

Assets

Liabilities

ities

2. Risk adjustment user fees payable for ACA Risk Adjustment

3. Premium adjustments payable due to ACA Risk Adjustment

Operations (Revenue & Expense)

4. Reported as revenue in premium for accident and health contracts (written/collected) due to ACA Risk

5. Reported in expenses as ACA risk adjustment user fees (incurred/paid)

b.Transitional ACA Reinsurance Program

Assets

1. Amounts recoverable for claims paid due to ACA Reinsurance

2. Amounts recoverable for claims unpaid due to ACA Reinsurance (Contra Liability)

3. Amounts receivable relating to uninsured plans for contributions for ACA Reinsurance

Liabilities

5. Ceded reinsurance premiums payable due to ACA Reinsurance

6. Liabilities for amounts held under uninsured plans contributions for ACA Reinsurance

perations (Revenue & Expense

7. Ceded reinsurance premiums due to ACA Reinsurance

8. Reinsurance recoveries (income statement) due to ACA Reinsurance payments or expected payments

9. ACA Reinsurance contributions – not reported as ceded premium

c.Temporary ACA Risk Corridors Program

Assets

Accrued retrospective premium due to ACA Risk Corridors	
Liabilities	
2. Reserve for rate credits or policy experience rating refunds due to ACA Risk Corridors	
Operations (Revenue & Expense)	
3. Effect of ACA Risk Corridors on net premium income (paid/received)	
4. Effect of ACA Risk Corridors on change in reserves for rate credits	

	Accrued Dur	ing the Drior	Received or I	Daid as of the			l			Unsettled Ba	lances as of
			Current Year		Differ	ences	٨٨	ustments		the Repo	
			Written Befor		Prior Year	Prior Year	Au,	usunents		Cumulative	
	the Pri		31 of the l		Accrued	Accrued				Balance	Balance
	uic i ii	oi i cai	01 01 110 1	noi i cai	Less	Less	To Prior	To Prior		from Prior	from Prior
					Payments	Payments	Year	Year		Years (Col 1	
					(Col 1 - 3)	(Col 2 - 4)	Balances	Balances		- 3 + 7)	- 4 + 8)
	1	2	3	4	5	6	7	8		9	10
	Receivable	(Payable)	Receivable	(Pavable)	Receivable	(Pavable)	Receivable	(Pavable)	Ref	Receivable	(Payable)
Permanent ACA Risk Adjustment Program	receivable	(i dyabic)	receivable	(i ayabic)	receivable	(i ayabic)	receivable	(i ayabic)	TKCI	receivable	(i ayabic)
Premium adjustments receivable					0				А	0	0
Premium adjustments					0				Α	0	0
(payable)					0	0			В	0	0
Adjustment Program	0	0	0	0	0	0	0	0		0	0
b. Transitional ACA Reinsurance Program											
Amounts recoverable for claims paid					0	0			С	0	0
Amounts recoverable for claims unpaid (contra liability)					0	0			D	0	0
Amounts receivable relating to uninsured plans					0	0			Е	0	0
Liabilities for contributions payable due to ACA Reinsurance - not reported as ceded premium					0	0			F	0	0
Ceded reinsurance premiums payable					0	0			G	0	0
Liability for amounts held under uninsured plans						0			н	0	0
7. Subtotal ACA Transitional											
Reinsurance Program c. Temporary ACA Risk Corridors Program	0	0	0	0	0	0	0	0		0	0
Accrued retrospective premium					0	0			1	0	0
Reserve for rate credits or policy experience rating refunds					0	0			J	0	0
Subtotal ACA Risk Corridors Program	0	0	0	0	0	0	0	0		0	0
d. Total for ACA Risk Sharing Provisions	0	0	0	0	0	0	0	0		0	0

Explanations of Adjustments Not Applicable

Note 25

Change in Incurred Claims and Claim Adjustment Expenses

Reserves as of December 31, 2015 were \$6.6 million. As of September 30, 2016, \$6.2 million has been paid for incurred claims and claim adjustment expenses attributable to insured events of prior years. Reserves remaining for prior years are now \$180,000 as a result of re-estimation of unpaid claims and claim adjustment expenses. Therefore, there has been favorable prior-year development of approximately \$197,000 since December 31, 2015 to September 30, 2016. The decrease is generally the result of ongoing analysis of recent loss development trends. Original estimates increase or decrease, as additional information becomes known regarding individual claims.

Note 26 Intercompany Pooling Arrangements

Not Applicable

Note 27

Structured Settlements

Not Applicable

Note 28

Health Care Receivables

No Significant Change

Note 29

Participating Policies

Not Applicable

Note 30

Premium Deficiency Reserves

Not Applicable

Note 31

Anticipated Salvage and Subrogation

Not Applicable

GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

1.1	Did the reporting entity experience any material transactions requiring the Domicile, as required by the Model Act?	he filing of Disclosure of Material Trans	sactions with the S	tate of	Ye	s []	No [Х]
1.2	If yes, has the report been filed with the domiciliary state?				Ye	s []	No []
2.1	Has any change been made during the year of this statement in the chareporting entity?					s []	No [Х]
2.2	If yes, date of change:				<u>-</u>			
3.1	Is the reporting entity a member of an Insurance Holding Company Syst is an insurer?					s [X]	No []
3.2	Have there been any substantial changes in the organizational chart sin	nce the prior quarter end?			Ye	s []	No [Х]
3.3	If the response to 3.2 is yes, provide a brief description of those change	es.						
4.1	Has the reporting entity been a party to a merger or consolidation during	ng the period covered by this statemen	t?		Ye	s []	No [Х]
4.2	If yes, provide the name of the entity, NAIC Company Code, and state of ceased to exist as a result of the merger or consolidation.	of domicile (use two letter state abbrev	iation) for any enti	ty that has	3			
	1 Name of Entity	2 NAIC Company Code	3 State of Domic	ile				
5.	If the reporting entity is subject to a management agreement, including in-fact, or similar agreement, have there been any significant changes If yes, attach an explanation.	third-party administrator(s), managing regarding the terms of the agreement	general agent(s), or principals invol	attorney- ved?	Yes []	No [)	(] N/A	l [
6.1	State as of what date the latest financial examination of the reporting en	ntity was made or is being made			<u>-</u>	12/3	1/2015	
6.2	State the as of date that the latest financial examination report became date should be the date of the examined balance sheet and not the date.					12/3	1/2015	
6.3	State as of what date the latest financial examination report became aven the reporting entity. This is the release date or completion date of the date).	examination report and not the date of	the examination (balance sl	heet	10/0	6/2016	
6.4 6.5	By what department or departments? Michigan Department of Insurance and Financial Services Have all financial statement adjustments within the latest financial examstatement filed with Departments?	nination report been accounted for in a	subsequent finar	cial	Yes [X]	No [] N/A	· [
6.6	Have all of the recommendations within the latest financial examination	report been complied with?			Yes [X]	No [] N/A	. [
7.1	Has this reporting entity had any Certificates of Authority, licenses or received by any governmental entity during the reporting period?					s []	No [Х]
7.2	If yes, give full information:							
8.1	Is the company a subsidiary of a bank holding company regulated by the	e Federal Reserve Board?			Ye	s []	No [Χ]
8.2	If response to 8.1 is yes, please identify the name of the bank holding of	company.						
8.3	Is the company affiliated with one or more banks, thrifts or securities firm	ms?			Ye	s []	No [Х]
8.4	If response to 8.3 is yes, please provide below the names and location regulatory services agency [i.e. the Federal Reserve Board (FRB), the Insurance Corporation (FDIC) and the Securities Exchange Commission	Office of the Comptroller of the Curre	ncy (OCC), the Fe	deral Dep				
	1 Affiliate Name	2 Location (City, State)	3 FRB	4 OCC	5 FDIC	6 SEC		

GENERAL INTERROGATORIES

9.1	Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controll similar functions) of the reporting entity subject to a code of ethics, which includes the following standards?	ersonal and professional	Yes [X] No []
9.11	If the response to 9.1 is No, please explain:		
9.2 9.21	Has the code of ethics for senior managers been amended?		Yes [] No [X]
9.3 9.31	Have any provisions of the code of ethics been waived for any of the specified officers?		Yes [] No [X]
	FINANCIAL		
10.1 10.2	Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement from parent included in the Page 2 amount:		
	INVESTMENT		
11.1 11.2	use by another person? (Exclude securities under securities lending agreements.)		Yes [] No [X]
12.	Amount of real estate and mortgages held in other invested assets in Schedule BA:	\$	0
13.	Amount of real estate and mortgages held in short-term investments:		
14.1	Does the reporting entity have any investments in parent, subsidiaries and affiliates?		Yes [] No [X]
14.2	If yes, please complete the following:		
		1 Prior Year-End Book/Adjusted Carrying Value	2 Current Quarter Book/Adjusted Carrying Value
	Bonds		\$
	Preferred Stock		\$
	Common Stock		\$
	Short-Term Investments		\$
	Mortgage Loans on Real Estate		\$ ¢
	Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26)		\$0
	Total Investment in Parent included in Lines 14.21 to 14.26 above		\$ \$
15.1 15.2	Has the reporting entity entered into any hedging transactions reported on Schedule DB?		

GENERAL INTERROGATORIES

16.	For the reporting entity's security lending	ig program, state the amount of the	e following as of the current	statement date:	
	16.1 Total fair value of	reinvested collateral assets report	ed on Schedule DL, Parts 1	and 2	\$0
	16.2 Total book adjust	ed/carrying value of reinvested coll	lateral assets reported on So	chedule DL, Parts 1 and 2	\$0
	16.3 Total payable for	securities lending reported on the l	liability page.	·	\$0
			, page		*****
17. 17.1	offices, vaults or safety deposit boxes, custodial agreement with a qualified b	were all stocks, bonds and other s ank or trust company in accordand todial or Safekeeping Agreements	securities, owned throughou ce with Section 1, III - Gener of the NAIC Financial Cond	ral Examination Considerations, F. lition Examiners Handbook?	
17.1	Tot all agreements that comply with the	requirements of the NAIO I mand	ai Condition Examiners rian		
	1			2	
	Name of Cus		One Meller Center Dittel	Custodian Address	
	BNY Mellon		one merion center, Pitts	ourgh, PA 15258-0001	
17.2	For all agreements that do not comply volcation and a complete explanation:	with the requirements of the NAIC I	Financial Condition Examine	ers Handbook, provide the name,	
	1	2		3	
	Name(s)	Location(s)		Complete Explanation(s)	
17.3	Have there been any changes, including	• • • • • • • • • • • • • • • • • • • •	s) identified in 17.1 during the	he current quarter?	Yes [] No [X]
17.4	If yes, give full information relating there	eto:			
	1	2	3	4	
	Old Custodian	New Custodian	Date of Change	Reason	
17.5	Identify all investment advisors, brokers handle securities and have authority to			have access to the investment accounts	9
	1	2		3	
	Central Registration Depository	Name(s)		Address	
18.1	Have all the filing requirements of the P	Purposes and Procedures Manual o	of the NAIC Investment Anal	lysis Office been followed?	Yes [X] No []
18.2	9 .	arpooto aria i roocaares mariaare	71 (110 147 (10 1117 Cott) Citt / (11a)	1,500 511100 55011 15110WGG :	103 [N] NO []
	, oncopaono.				

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:

	1.1 A&H loss percent			10.	1 %
	1.2 A&H cost containment percent				%
	1.3 A&H expense percent excluding cost containment expenses			27.	7 %
2.1	Do you act as a custodian for health savings accounts?	Yes [] N	lo [X]	
2.2	If yes, please provide the amount of custodial funds held as of the reporting date	\$			
2.3	Do you act as an administrator for health savings accounts?	Yes [] N	lo [X]	
2.4	If yes, please provide the balance of the funds administered as of the reporting date	\$			

SCHEDULE S - CEDED REINSURANCE

~ ! !		T " 0 '11'	. – .
Showing	All New Reinsurance	e Treaties - Current Year	to Date

NAIC Type of Certified Date of Reinsurer Certified Type of Certifi			Showing All New Reinsurar	nce Treaties	 Current Yea 	ar to Date		
NAIC Company ID Effective Date Name of Reinsurer Domiciliary Reinsurance Ceded Type of Reinsurer (1 through 6) Rating Reinsurance Ceded Type of Reinsurer Rating Reinsurance Rating Reinsurer (1 through 6) Rating Reinsurance Rating Reinsurer (1 through 6) Rating Reinsuren (1 throu	1	2	3 4	5	6	7		Effective
	NAIC Company	ID	Effective	Domiciliary	Reinsurance		Reinsurer	Certified
NONE	Code	Number	Date Name of Reinsurer	Jurisdiction	Ceded	Type of Reinsurer	(1 through 6)	Rating
NONE								i
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SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

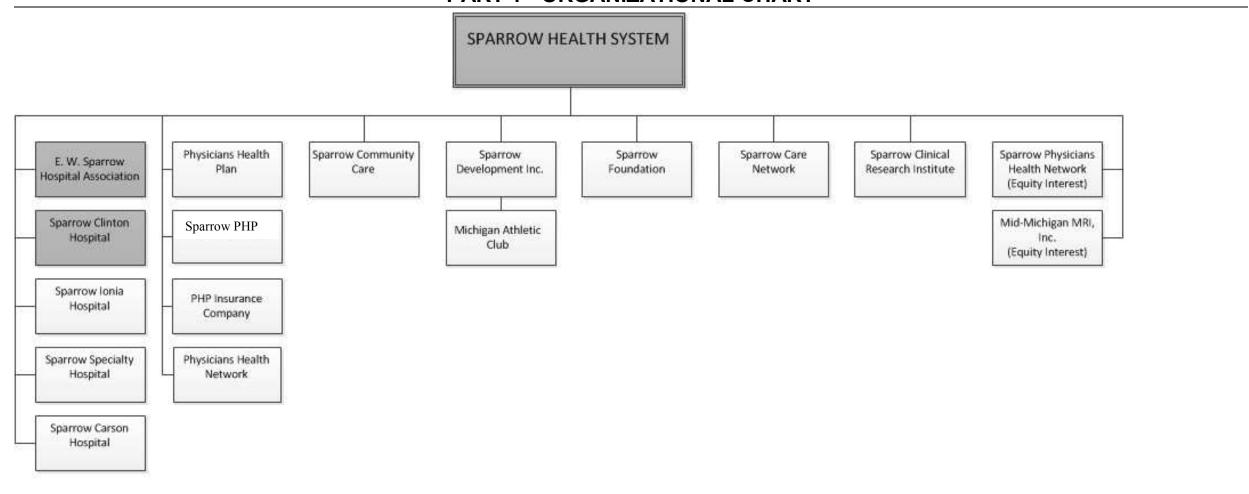
Current Year to Date - Allocated by States and Territories Direct Business Only Federal Employees Life and Health Annuity Premiums & Other Property/ Casualty Accident and **Benefits** Total Active Health Medicaid Program Columns 2 Deposit-Type Premiums States, etc Status Title XVIII Title XIX Premiums Consideration Premiums Through 7 Contracts 1. Alabama ALN. Alaska. 2. AK N 0 3. Arizona. ΑZ .N. 0 4. Arkansas AR N 0 California .. 5. CA N 0 6. Colorado. 0 CO N 7. Connecticut CT N 0 8. Delaware 0 DE N District of Columbia . DC 9. N 0 10. Florida .. FL .N. 0 Georgia 11. .. GA N 0 12. Hawaii ... ΗΙ .N. 0 13. Idaho .. ID N 0 Illinois 14. Ш N 0 15. Indiana .. IN N 0 16. lowa .. IΑ N 0 17. Kansas KS N. 0 18. Kentucky. ΚY N 0 19. Louisiana. LA .N. 0 20. Maine. MF N 0 21. Maryland .. MD N. 0 22. Massachusetts .. MA N 0 1.048.240 1.048.240 23. Michigan. 0 MI L 24. Minnesota N MN 0 25. Mississippi .. MS N 0 26. Missouri . MO N. 0 27. Montana. MT N 0 28. Nebraska. NE .N. 0 29. Nevada .. . NV N 0 30. New Hampshire NH N 0 31. New Jersey NJ N 0 32. New Mexico .. . NM N 0 33. New York .. . NY N 0 North Carolina ... 34. NC N 0 35. North Dakota ND N. 0 36. Ohio. ОН N 0 37. Oklahoma OK .N. 0 38. Oregon .. OR N 0 39. Pennsylvania PA N 0 40. Rhode Island 0 RI N South Carolina 41. .. SC N 0 42. South Dakota ... 0 SD N. 43. Tennessee TN N 0 44. Texas. TX .N. 0 45. Utah ... UT N 0 46. Vermont .. VT N. 0 47. Virginia .. VA N 0 48. Washington. WA N 0 West Virginia .. 49. . WV N 0 Wisconsin 50. WI N 0 51. Wyoming. WY N. 0 American Samoa AS 52. N 0 53. Guam .. GU .N. 0 Puerto Rico .. 54. PR N 0 55. U.S. Virgin Islands ... VI N 0 Northern Mariana 56. N 0 Islands MP 57. Canada CAN N 0 Aggregate Other 58. 0 0 0 0 OT XXX 0 0 0 0 59. 1 048 240 1 048 240 Subtotal XXX 0 0 0 0 0 0 Reporting Entity 60. Contributions for Employee Benefit Plans XXX Totals (Direct Business) 0 0 1,048,240 0 0 0 1,048,240 0 61. (a) DETAILS OF WRITE-INS 58001 XXX 58002 58003. Summary of remaining write-ins for Line 58 from 58998. overflow page. XXX ..0 ..0 ..0 0 .0 0 ..0 0 Totals (Lines 58001 through 58999. 58003 plus 58998)(Line 58

XXX

above)

⁽L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.

SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP PART 1 - ORGANIZATIONAL CHART



Member of the Obligated Group

SCHEDULE Y PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

Type of Control (Ownership, is Name of Securities Exchange if Publicly Traded Company ID Federal (U.S. or Parent, Subsidiaries Loca-Reporting Directly Controlled by Influence, Percen-Ultimate Controlling												_	1		
Name of Securities	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Name of Securities Relation Saroup Name Company Code Group Name Code Number Federal Name of Securities Exchange Federal Names of Code Number Federal Names of Code Number RSSD CIK International) Olicety Controlled by (Name of Entity/Person) Olicety Controlled by (Name of Ent												Type	If		
NAIC Company ID Federal RSSD CIK International) Code Group Name Code Group Name Code Number RSSD CIK International) CARSON CITY NOSPITAL MI NIA SPARROW FEALTH SYSTEM Ownership 100 000 SPARROW FEALTH SYSTEM												of Control	Control		
NAIC Company ID Federal RSSD CIK International) Code Group Name Code Group Name Code Number RSSD CIK International) Code Code												(Ownership,	is		
Name							Name of Securities			Relation-			Owner-		
Name							Exchange		Domi-	ship		Management.	ship		
Code Group Name Code Code Number Code			NAIC					Names of							
Code Group Name Code Number RSSD CIK International) Or Affiliates tion Entity (Name of Entity/Person) Other) tage Entity(ies)/Person(s) *	Group			ID	Federal						Directly Controlled by			Ultimate Controlling	
SA-1490180 0 0 CARSON CITY HOSPITAL MI NIA SPARROW HEALTH SYSTEM Influence 0.000 SPARROW HEALTH SYSTEM 0 0 SPARROW HEALTH SYSTEM 0	Code	Group Name				CIK									*
SPARROW IONIA HOSPITAL MI NIA SPARROW HEALTH SYSTEM Ownership .100.000 SPARROW HEALTH SYSTEM .0 .100	0000	aroup Hamo	0000			0111	intornational)		MI		, ,	,		, , , , ,	0
SPARROW FOUNDATION					0	0			MI						٠ کا
SPARROW SPARROW COMMUNITY CARE MI NIA SPARROW HEALTH SYSTEM Ownership 100.000 SPARROW HEALTH SYSTEM Ownership 100.00					0	0			MI						٠ کا
SPARROW COMMUNITY CARE MI NIA SPARROW HEALTH SYSTEM Ownership 100.000 SPARROW HEALTH SYSTEM Ownership					0	0			MI						٠ کا
14-1885340 0 0 SPARROW SPECIALTY HOSPITAL MI NIA SPARROW HEALTH SYSTEM 0 0 SPARROW HEALTH SYSTEM 0 0					0	0			MI						0
38-1358172 0 0 SPARROW CLINTON HOSPITAL MI NIA SPARROW HEALTH SYSTEM 0 0 O SPARROW HEALTH SYSTEM 0 0 SPARROW HEALTH SYSTEM 0 0 O SPARROW HEALTH SYSTEM 0 0 SPARROW HEALTH SYSTEM					0	0			MI			отпо- от гр			0
38-1360584 0 0 EW SPARROW HOSPITAL ASSOCIATION MI NIA SPARROW HEALTH SYSTEM 0 0 SPARROW HEALTH SYSTEM					0	0			MI						0
38-2595963 0 0 SPARROW DEVELOPMENT, INC MI NIA SPARROW HEALTH SYSTEM 0 0 S					0	0			MI						
38-3075242 0 0 SPARROW CLINICAL RESEARCH NSTITUTE MI NIA. SPARROW HEALTH SYSTEM 0 0 O SPARROW HEALTH SYSTEM 0 O O O O SPARROW HEALTH SYSTEM 0 O O O O O O O O O					0	0			MI			o			
3408 PHYSICIANS HEALTH PLAN					0	0				NIA					
3408 PHYSICIANS HEALTH PLAN						0			MI	NI A					
3408 PHYSICIANS HEALTH PLAN 12816 20-5565219 0 0 PHP INSURANCE COMPANY MI I.A. PHYSICIANS HEALTH PLAN 0wnership. 100.000 SPARROW HEALTH SYSTEM 0 PHP SERVICE COMPANY MI NIA. PHYSICIANS HEALTH PLAN 0wnership. 100.000 SPARROW HEALTH SYSTEM 0						0			MI	I A		0			0
PHYSICIANS HEALTH PLAN 38-3344741 0 0 PHP SERVICE COMPANY MI NIA. PHYSICIANS HEALTH PLAN Ownership. 100.000 SPARROW HEALTH SYSTEM 0						0			. MI	I A					0
			12816			0			MI	IA					0
PHYSICIANS HEALTH PLAN 38–3361367 0 0 PHP SHARED SERVICES, LLC MI NIA PHYSICIANS HEALTH PLAN Ownership 100.000 SPARROW HEALTH SYSTEM 0					0	0			MI			отпо- от гр			0
	Ph	YSICIANS HEALTH PLAN		. 38–3361367 .	0	0		PHP SHARED SERVICES, LLC	MI	NIA	PHYSICIANS HEALTH PLAN	Ownership	100.000	SPARROW HEALTH SYSTEM	0

Asterisk	Explanation

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

		Response
1.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement?	NO
	Explanation:	

 The Medicare Part D Supplement is not applicable to the company as the company is exempt from the continuation of coverage requirement for beneficiaries aging into Medicare Status.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



OVERFLOW PAGE FOR WRITE-INS

Additional Write-ins for Assets Line 11

Additional Write ins for Assets Line 11				
		Current Statement Date	•	4
	1	2	3	
			Net Admitted Assets	Prior Year Net
	Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
1104. –			0	
1197. Summary of remaining write-ins for Line 11 from overflow page	0	0	0	0

Addition	al Write-ins for Assets Line 25				
			Current Statement Date)	4
		1	2	3	
				Net Admitted Assets	Prior Year Net
		Assets	Nonadmitted Assets	(Cols. 1 - 2)	Admitted Assets
2504.	-			0	
2597	Summary of remaining write-ins for Line 25 from overflow page	0	0	0	0

SCHEDULE A - VERIFICATION

Real Estate

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Current year change in encumbrances		
4.	Total gain (loss) on disposals		
5.	Deduct amounts received on disposals		
6.	Total foreign exchange change in book/adjusted a rryin valle		
7.	Deduct current year's other than temporary impailment rectized		
8.	Deduct current year's depreciation		
9.	Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8)		
10.	Deduct total nonadmitted amounts		
11.	Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	wortgage Loans		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book value/recorded investment excluding accrued interest, December 31 of prior year	-	
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition	-	
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and mortgage in a rest wint and commitment less	-	
9.	Total foreign exchange change in book value/recorded in the schen excluding at fued interest and		
10.	Deduct current year's other than temporary impail nent recognized		
11.	Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Total valuation allowance		
13.	Subtotal (Line 11 plus Line 12)		
14.	Deduct total nonadmitted amounts		
15.	Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	Other Long-Term invested Assets		
		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value, December 31 of prior year		
2.	Cost of acquired:		
	2.1 Actual cost at time of acquisition		
	2.2 Additional investment made after acquisition		
3.	Capitalized deferred interest and other		
4.	Accrual of discount		
5.	Unrealized valuation increase (decrease)		
6.	Total gain (loss) on disposals		
7.	Deduct amounts received on disposals		
8.	Deduct amortization of premium and depreciation		
9.	Total foreign exchange change in book/adjusted carrying value		
10.	Deduct current year's other than temporary impairment recognized		
11.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10)		
12.	Deduct total nonadmitted amounts		
13.	Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

		1	2
			Prior Year Ended
		Year to Date	December 31
1.	Book/adjusted carrying value of bonds and stocks, December 31 of prior year	5,732,006	5,772,738
2.	Cost of bonds and stocks acquired		695,099
3.	Accrual of discount		0
4.	Unrealized valuation increase (decrease)	322, 109	(496,464)
5.	Total gain (loss) on disposals	9,234	29,726
6.	Deduct consideration for bonds and stocks disposed of		269,093
7.	Deduct amortization of premium		0
8.	Total foreign exchange change in book/adjusted carrying value		0
9.	Deduct current year's other than temporary impairment recognized		0
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	6, 107, 434	5,732,006
11.	Deduct total nonadmitted amounts		0
12.	Statement value at end of current period (Line 10 minus Line 11)	6,107,434	5,732,006

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity

	During the Current Quarter for 1 Book/Adjusted Carrying Value	2 Acquisitions	3 Dispositions	4 Non-Trading Activity	5 Book/Adjusted Carrying Value	6 Book/Adjusted Carrying Value	7 Book/Adjusted Carrying Value	8 Book/Adjusted Carrying Value
NAIC Designation	Beginning of Current Quarter	During Current Quarter	During Current Quarter	During Current Quarter	End of First Quarter	End of Second Quarter	End of Third Quarter	December 31 Prior Year
BONDS								
1. NAIC 1 (a)	7,405,122	920.710	1,537,300	0	10,001,317	7,405,122	6,788,532	15,622,16
2. NAIC 1 (a)		920,710	1,337,300		0,001,317	7,403,122	0,766,332	13,022,10
3. NAIC 3 (a)					0	0	0	
4. NAIC 4 (a)					0	0	0	
5. NAIC 5 (a)					0	0	0	
6. NAIC 6 (a)					0	0	0	
7. Total Bonds	7,405,122	920,710	1,537,300	0	10,001,317	7,405,122	6,788,532	15,622,16
PREFERRED STOCK								
8. NAIC 1	0				0	0	0	
9. NAIC 2	0				0	0	0	
10. NAIC 3	0				0	0	0	
11. NAIC 4	0				0	0	0	
12. NAIC 5	0				0	0	0	
13. NAIC 6	0				0	0	0	
14. Total Preferred Stock	0	0	0	0	0	0	0	
15. Total Bonds and Preferred Stock	7,405,122	920,710	1,537,300	0	10,001,317	7,405,122	6,788,532	15,622,161

a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$; NAIC 2 \$; NAIC 3 \$	
---	------------------------	--

NAIC 4 \$; NAIC 5 \$......; NAIC 6 \$......

SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5 Paid for
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Accrued Interest Year-to-Date
9199999 Totals	6,788,569	XXX	6,788,569	60,385	

SCHEDULE DA - VERIFICATION

Short-Term Investments

		1	2
		Year To Date	Prior Year Ended December 31
1.	Book/adjusted carrying value, December 31 of prior year	15,622,161	15,491,823
2.	Cost of short-term investments acquired	6,963,733	86, 184, 811
3.	Accrual of discount		
4.	Unrealized valuation increase (decrease)		
5.	Total gain (loss) on disposals		
6.	Deduct consideration received on disposals	15,797,325	86,054,473
7.	Deduct amortization of premium		
8.	Total foreign exchange change in book/adjusted carrying value		
9.	Deduct current year's other than temporary impairment recognized		
10.	Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9)	6,788,569	15,622,161
11.	Deduct total nonadmitted amounts		
12.	Statement value at end of current period (Line 10 minus Line 11)	6,788,569	15,622,161

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards NONE

Schedule DB - Part B - Verification - Futures Contracts

NONE

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open NONE

Schedule DB-Part C-Section 2-Reconciliation of Replication (Synthetic Asset) Transactions Open NONE

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of Derivatives

NONE

Schedule E - Verification - Cash Equivalents
NONE

Schedule A - Part 2 - Real Estate Acquired and Additions Made NONE

Schedule A - Part 3 - Real Estate Disposed NONE

Schedule B - Part 2 - Mortgage Loans Acquired and Additions Made NONE

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid NONE

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired and Additions Made ${\sf NONE}$

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid ${\sf NONE}$

SCHEDULE D - PART 3

Show All Long-Term Bonds and Stock Acquired During the Current Quarter

			SHOW All I	ong-Term Bonds and Stock Acquired During the Current Quarter		1	1 .	
1	2	3	4	5 6 Number of	7	8	9 Paid for Accrued	10 NAIC Desig- nation or Market
CUSIP			Date	Shares of			Interest and	Indicator
Identification	Description	Foreign	Acquired	Name of Vendor Stock	Actual Cost	Par Value	Dividends	(a)
idontinoation	Boompton	rororgii	rioquirou	Traine of Vender Clock	7101001 0001	i di valao	Dividorido	(α)
0599999. Subto	otal - Bonds - U.S. Governments					0	0	0 XXX
1099999. Subto	otal - Bonds - All Other Governments					0	0	0 XXX

1799999. Subto	otal - Bonds - U.S. States, Territories and Possessions					0	0	0 XXX
2499999. Subto	otal - Bonds - U.S. Political Subdivisions of States, Territories and Possessi	ons		_		0	0	0 XXX
3199999. Subto	otal - Bonds - U.S. Special Revenues		1			0	0	0 XXX
0000000 0 1								
3899999. Subto	otal - Bonds - Industrial and Miscellaneous (Unaffiliated)		ı			0	0	0 XXX
4000000 0 1 1								
4899999. Subto	otal - Bonds - Hybrid Securities		1			0	0	0 XXX
	LL D. L. D. LOLL'E' LACCE							- \
	otal - Bonds - Parent, Subsidiaries and Affiliates					0	0	0 XXX
	- Bonds - Part 3				1001	0	0	0 XXX
	- Bonds - Part 5				XXX	XXX	XXX	XXX
8399999. Total	- Bonds		,			0	0	0 XXX
8499999. Subto	otal - Preferred Stocks - Industrial and Miscellaneous (Unaffiliated)		T			0 XXX		0 XXX
0500000 0 1 1						2007		
	otal - Preferred Stocks - Parent, Subsidiaries and Affiliates					0 XXX		0 XXX
	- Preferred Stocks - Part 3					0 XXX		0 XXX
	- Preferred Stocks - Part 5				XXX	XXX	XXX	XXX
8999999. Total	- Preferred Stocks			_		0 XXX		0 XXX
9099999. Subto	otal - Common Stocks - Industrial and Miscellaneous (Unaffiliated)					0 XXX		0 XXX
	otal - Common Stocks - Parent, Subsidiaries and Affiliates			I		0 XXX		0 XXX
	SEI INSTITUTIONAL INVESTMENT TRUST - CORE FIXED INCOME FUND		09/07/2016			,506		
	SEI INSTITUTIONAL INVESTMENT TRUST - SMALL/MID CAP EQUITY FUND		07/08/2016 06/01/3016			,441		
	SEI INSTITUTIONAL INVESTMENT TRUST - HORDE CAP DISCIPLINED EQUITY FUND		07/07/2016			,355		
	otal - Common Stocks - Mutual Funds			1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1		,850 XXX		0 XXX
5255555. Oubit	State Common Stools Watur Lunds				"	,000		7000
9399999 Subto	otal - Common Stocks - Money Market Mutual Funds					0 XXX		0 XXX
	- Common Stocks - Part 3				17	.850 XXX		0 XXX
	- Common Stocks - Part 5				XXX	XXX	XXX	XXX
	- Common Stocks					.850 XXX	^^^	0 XXX
	- Common Stocks - Preferred and Common Stocks					· ·		0 XXX
						1		
9999999 - Tota	lls				17	,850 XXX		0 XXX

(a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues

SCHEDULE D - PART 4

Show All Long-Term Bonds and Stock Sold. Redeemed or Otherwise Disposed of During the Current Quarter

			•	Show All Lo	ong-Term Bo	nds and Sto	ck 501a, Red	ieemea or C	Jinerwise L	Jisposea (or During tr	ne Current	Quarter							
1	1 2 3 4 5 6					8	8 9 10		Change In Book/Adjusted Carrying Value				16 17		18	19	20	21	22	
									11	12	13	14	15							
												Total	Total							NAIC
											Current	Change in								Desig-
											Year's	Book/	Exchange	Book/				Bond		nation
								Prior Year		Current	Other Than		Change in		Foreign			Interest/	Stated	or
												.,				Doolined				-
OLIOID								Book/	Unrealized	Year's	Temporary		Book		xchange		T	Stock	Con-	Market
CUSIP		_		Number of				Adjusted	Valuation	(Amor-	Impairment		/Adjusted		Gain	Gain	Total Gain	Dividends	tractual	In-
ldent-		For- Dispos		Shares of	Consid-		Actual	Carrying	Increase/	tization)/	Recog-	(11 + 12 -	Carrying		Loss) on	(Loss) on	(Loss) on	Received	Maturity	dicator
ification	Description	eign Date	of Purchaser	Stock	eration	Par Value	Cost	Value	(Decrease)	Accretion	nized	13)	Value	Date D	Disposal	Disposal	Disposal	DuringYear	Date	(a)
												0					0			
0599999. S	Subtotal - Bonds - U.S. Governments				0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
												0					0			
1099999. S	Subtotal - Bonds - All Other Governme	ents			0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
					Ť	Ů	Ů		, and the second		, and the second	0		Ů	Ů	Ť	0			
1799999 5	Subtotal - Bonds - U.S. States. Territo	ries and Posse	esions		0	n	n	Λ	0	n	n	0		0	0	n	0	n	XXX	XXX
1700000.0	Dende C.C. Clates, Ferrito	1	1		·	•	·				•			-		·	0		7000	7000
2400000 S	Subtotal - Bonds - U.S. Political Subdi	vicions of State	s Torritorios and Posso	ecione	0	0	Λ	0	0	0	0	0		0	0	Λ	0	0	XXX	XXX
2433333.	Bublotai - Borius - O.S. Foliticai Subui	VISIONS OF State	s, remidiles and rosse	25510115	U	U	U	0	U	U	U	0		U	U	U	0	U		^^^
0100000 0	Nilstetel Decede II C Consider Decede																		XXX	XXX
3199999. 8	Subtotal - Bonds - U.S. Special Rever	ues			0	0	0	0	0	0	0	0		0	0	0	0	0	XXX	XXX
												0					0			
3899999. S	Subtotal - Bonds - Industrial and Misce	ellaneous (Una	ffiliated)		0	0	0	0	0	0	0	0		0	0	0	0	0	XXX	XXX
	***************************************											0					0			
4899999. S	Subtotal - Bonds - Hybrid Securities				0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
												0					0			
5599999. S	Subtotal - Bonds - Parent, Subsidiarie	and Affiliates			0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8399997. T	otal - Bonds - Part 4				0	0	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
8399998 T	otal - Bonds - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX
	otal - Bonds				0	0	0	0	0	7000	7000	0		0	^	7000	0	0	XXX	XXX
0099999. 1	otal - bolius				U	U	U	U	U	U	U	0		U	U	U	0	U	^^^	^^^
0.400000			· · - (ff: -			XXX													V/V/	XXX
8499999.	Subtotal - Preferred Stocks - Industria	and Miscellan	eous (Unamiliated)		0	XXX	0	0	0	0	0	0		0	0	0	0	0	XXX	XXX
			I A CCUI									0					0			
	Subtotal - Preferred Stocks - Parent, S	subsidiaries an	d Affiliates		0	XXX	0	0	0	0	0	0		0	0	0	0	0	XXX	XXX
8999997. Total - Preferred Stocks - Part 4				0	XXX	0	0	0	0	0	0		0	0	0	0	0	XXX	XXX	
8999998. Total - Preferred Stocks - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
8999999. T	otal - Preferred Stocks				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
												0					0			
9099999 5	Subtotal - Common Stocks - Industrial	and Miscellan	eous (Unaffiliated)		0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
-			(5.10.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1				_		-		-	0		-	_	_	0			1
9199999 S	Subtotal - Common Stocks - Parent, S	ubsidiaries an	l Affiliates		0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX
	SEI Institutional Investment Trust - Core Fxd		7 (((((((((((((((((((((((((((((((((((((,	7000	v		•		-			,		·			7001	7000
783980-20-4			6 VARIOUS	12,106.000	128, 177		119,843	123,480	(3,637)			(3,637)		119,843		8,333	8.333	421		
	SEI Institutional Investment Trust - World			,					[, 200	,			
783980-77-4	Equity		6 NON-BROKER TRADE	205.000	2,236		1,905	2,216	(312)			(312)		1,905		331	331			
	SEI Institutional Investment Trust -											1								
	Small/Mid Cap Equity		6 VARIOUS	46.000	559		551	540	11			11		551		8	8			
	SEI Institutional Investment Trust - Large																			
783980-82-4	Cap		6 NON-BROKER TRADE	222.000	2,795		2,233	2,710	(477)			(477)		2,233		561	561	3		
9299999. S	Subtotal - Common Stocks - Mutual F	ınds			133,767	XXX	124,532	128,946	(4,415)	0	0	(4,415)		124,532	0	9,233	9,233	424	XXX	XXX
												0					0			
9399999. Subtotal - Common Stocks - Money Market Mutual Funds				0	XXX	0	0	0	0	0	0	0	0	0	0	0	0	XXX	XXX	
9799997. Total - Common Stocks - Part 4				133,767	XXX	124,532	128,946	(4,415)	0	0	(4,415)	0	124,532	0	9,233	9,233	424	XXX	XXX	
9799998. Total - Common Stocks - Part 5				XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
9799999. Total - Common Stocks				133.767	XXX	124.532	128.946	(4,415)	0	,,,,,	(4,415)		124.532	0	9.233	9,233	424	XXX	XXX	
9899999. Total - Preferred and Common Stocks					XXX	,		(4,415)	0	0	(4,415)		,	0		-,		XXX	XXX	
				133,767		124,532	128,946	. , .,		0			124,532		9,233	9,233	424			
9999999 - Totals					133,767	XXX	124,532	128,946	(4,415)	0	0	(4,415)	0	124,532	0	9,233	9,233	424	XXX	XXX

⁽a) For all common stock bearing the NAIC market indicator "U" provide: the number of such issues...

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open NONE

Schedule DB - Part B - Section 1 - Futures Contracts Open NONE

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made NONE

Schedule DB - Part D - Section 1 - Counterparty Exposure for Derivative Instruments Open NONE

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged By $\stackrel{\textstyle N}{}$ $\stackrel{\textstyle O}{}$ $\stackrel{\textstyle N}{}$ $\stackrel{\textstyle E}{}$

Schedule DB - Part D-Section 2 - Collateral for Derivative Instruments Open - Pledged To \overline{N} \overline{O} \overline{N} \overline{E}

Schedule DL - Part 1 - Reinvested Collateral Assets Owned \overline{N} \overline{O} \overline{N} \overline{E}

Schedule DL - Part 2 - Reinvested Collateral Assets Owned NONE

SCHEDULE E - PART 1 - CASH

Month End Depository Balances

1		3	4	5	Book Balance at End of Each Month During Current Quarter					
			Amount of	Amount of	6	7	8			
		Rate of	Interest Received During Current	Interest Accrued at Current						
Depository	Code	Interest		Statement Date	First Month	Second Month	Third Month	*		
Comerica BankLansing, MI								XXX		
PNC Lansing, MI					(19,031)	6,421	4,338	.XXX.		
0199998. Deposits in depositories that do not exceed the allowable limit in any one depository (See										
instructions) - Open Depositories	XXX	XXX			(5.045)	10.505	10.010	XXX		
0199999. Totals - Open Depositories	XXX	XXX	0	0	(5,915)	19,537	18,043	XXX		
0299998. Deposits in depositories that do not exceed the allowable limit in any one depository (See instructions) - Suspended Depositories	xxx	XXX						xxx		
0299999. Totals - Suspended Depositories	XXX	XXX	0	0	0	0	0	XXX		
0399999. Total Cash on Deposit	XXX	XXX	0	0	(5.915)	19,537	18.043	XXX		
0499999. Cash in Company's Office	XXX	XXX	XXX	XXX	(0,010)	10,001	10,010	XXX		
	ļ							-		
0599999. Total - Cash	XXX	XXX	0	0	(5,915)	19,537	18,043	XXX		

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter $N\ O\ N\ E$